

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

	CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1		1	
3	1		1			
4	1					
5	1		1			
6	1		1			
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11	1		1			
12	1		1			
13	1		1		1	
14	1		1		1	
15	1		1			
16	1		1			
17	1		1		1	
18	1				1	
19	1				1	
20	1		1		1	
21	1		1			
22	1		1			
23	1		1			
24	3		1			
25					1	
26					1	
27					1	
28					1	
29					1	
30					1	
31					1	
32					1	
33					1	
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35					1	
36					1	
37					1	
38					1	
39					1	
40					1	
41					1	
42					1	
43					1	
44					1	
45					1	
46					1	
47					1	
48					1	
49					1	
50					1	
TOTAL IND.	4		4			
TOTAL DEP.	49	-	20	-		
TOTAL CLAIMS	23		24			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								1
52								1
53								1
54							1	
55							1	
56							1	
57							1	
58							1	
59							1	
60							1	
61							1	
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86							1	
87							1	
88							1	
89							1	
90							1	
91							1	
92							1	
93							1	
94							1	
95							1	
96							1	
97							1	
98							1	
99							1	
100							1	
TOTAL IND.							6	
TOTAL DEP.							35	
TOTAL CLAIMS							41	

23

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SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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45						
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47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51		1						
52		1						
53		1						
54	1							
55		1						
56		1						
57		1						
58		1						
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95								
96								
97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

34

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS